06277

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown - (WITHIN CORPORATE LIMITS OF)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co Hospital, Hagerstown Md.

Stay in hospital ~~or inst~~ (yrs., or mos., or days) 22 hrs.

Stay in this community (yrs., or mos., or days) 45 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown. (WITHIN CORPORATE LIMITS OF) Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 851 Penna Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME David Harry Andrews.

3. (b) Social Security Number 217-09-4889

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married.

6 (b) Name of ~~husband~~ or wife Laura

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) May 9 - 1868

8. AGE: Years 71 Months 1 Days 3. If less than one day ___ hrs. ___ min.

9. Birthplace Hagerstown. Md. (Town, county, and state)

10. Usual occupation Stock Store Keeper -

11. Industry or business No. Amer Cem. Corp -

FATHER
12. Name Rev Jeremiah Andrews -
13. Birthplace Hagerstown Md R#2

MOTHER
14. Maiden name Margaret Johnston
15. Birthplace Hagerstown Md R#2.

16. Informant Mrs Mary Phillips

Address Hagerstown. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 15-1939 (month) (day) (year)

Cemetery ~~or crematory~~ Rest Haven -

Location Hagerstown Maryland

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. 6-14-1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1939, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 23 1937, to June 12 1939, and that I last saw him alive on June 12, 1939

Immediate cause of death Cancer of Stomach — DURATION 18 mos

Due to

Due to

Other conditions Secondary cancer of liver. — 6 mos.
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R B Nouvent Mo M. D. or other

Address Hagerstown Md Date signed 6/13/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82a)

06278

CERTIFICATE OF DEATH

Reg. Dist. No. 7-306

1. PLACE OF DEATH:

County Washington

City or town Smithsburg

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Smithsburg Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Water.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Keller J. Beard

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male.	White	Married.

B (b) Name of husband or wife Stella M.

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) June 17- 1869

8. AGE:

Years	Months	Days	If less than one day
70	—	8	hrs. min.

9. Birthplace Chewsville Washington Co. Md.

(Town, county, and state)

10. Usual occupation Judge

11. Industry or business Orphans' Court.

FATHER 12. Name Daniel G. Beard

13. Birthplace Chewsville Md.

MOTHER 14. Maiden name Isabella Harbaugh.

15. Birthplace Ringgold Md.

16. Informant Mrs. Stella Beard

Address Smithsburg Md.

17. Bury Date thereof June 27-1939

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Smithsburg Cemetery

Location Smithsburg Md

18. Funeral director Andrew K. Coffman

Address Hagerstown Md

19. June 25 1939 Geo W. Ferguson Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1939, at 6 30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 1939, to June 25, 1939, and that I last saw him alive on June 25 1939.

Immediate cause of death	DURATION
Hemiplegia	
due to Cerebral hemorrhage	6 days
Due to	
Due to	
Other conditions None	
Hypertension	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter L. Wolfinger M.A.

M. D. or other

Address Smithsburg Date signed June 25, 1939

W. Wolfinger

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

06279

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Ringgold. Hag. R#5

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) None.

Stay in this community (yrs., or mos., or days) 10 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington.

City or town Ringgold. Hag. R#5 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Leitersburg Ringgold Rd.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs. Mintie Mae Berger

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John E.

6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) June 2 - 1880

8. AGE: Years 59 | Months — | Days 27 | If less than one day ___ hrs. ___ min.

9. Birthplace Waynesboro Pa. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Scott W Hershey

13. Birthplace Wingerton Pa

MOTHER

14. Maiden name Mary Ellen Carbaugh

15. Birthplace Waynesboro Pa

16. Informant John E. Berger.

Address Hagerstown Md R#5

17. Bury. (Burial, cremation, or removal. Which?) Date thereof July 2. 1939. (month) (day) (year)

Cemetery or crematory Green Hill Cem.

Location Waynesboro Pa.

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. 6-30-1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29. 1939, at 8 15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1939, to June 29 1939, and that I last saw her alive on June 29 1939.

Immediate cause of death: Chronic nephritis, Chronic myocarditis, Hypertension

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Philip J. Kirshman M. D. or other

Address Hagerstown Md Date signed 6/30/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

M

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T

D. Hirshman

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JUL 5 1939
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94?)

06280

CERTIFICATE OF DEATH

Reg. Dist. No. 311

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Breathedsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: at Home

Stay in hospital or inst. (yrs., or mos., or days) ——

Stay in this community (yrs., or mos., or days) ——

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Breathedsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ——
(If rural give LOCATION)

2(a) ~~IF VETERAN, NAME WAR~~ ——

3. (a) FULL NAME Mary Rebecca Bitner

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ Lloyd B. Bitner

6(c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) December-10-1900

8. AGE:

Years	Months	Days	If less than one day
38	6	13	——— hrs. ——— min.

9. Birthplace Breathedsville Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Thomas Statton Stocksdager
13. Birthplace Funkstown Washington Co. Md.

MOTHER
14. Maiden name Jennie C. Jones
15. Birthplace Keedysville Washington Co. Md.

16. Informant Lloyd B. Bitner
Address Breathedsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June-25-1939 (month) (day) (year)

Cemetery or crematory Lappans Episcopal Cemetery

Location Lappans Washington Co. Md.

18. Funeral director Wm. D. Boast & Son

Address Boonsboro Md.

19. June 24 1939 (Date rec'd by registrar) J. S. Bloom Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1939, at ——M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6 1939, to June 7 1939, and that I last saw h-e alive on June 7 1939

Immediate cause of death coronary occlusion — DURATION 6/7/39

Due to ——

Due to ——

Other conditions Auricular fibrillation

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide —— Date of ——

Where did injury occur? —— (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ——

Means of injury —— Injured at work?

23. SIGNATURE Ralph P. Young M. D. or other

Address Williamsport Md. Date signed 6/7/39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

06281

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Washington Registration Dist. No. 302

Village or City Hagerstown No. Washington County Hospital St., 3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Roger Ellsworth Cartmail If U. S. Veteran, specify WAR ...

(a) Residence: No. ... St., ... Ward. West Co. Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 14, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ...

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Earl Cartmail

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ada Harris

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Earl Cartmail
(Address) Sawtts Mill, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Sawtts Mill Date June 20, 1939

19. UNDERTAKER C. A. Foster & Bro.
(Address) Brunswick, Md.

20. FILED 6-19-1939 Chas. H. Bowers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1939, to June 19, 1939.

Last saw h[illegible] alive on June 18, 1939; death is said to have occurred on the date stated above, at 8 A. ... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	1 wk.
Dther Contributory Causes of importance:	
Acute miliary tuberculosis	2 mon.

Name of operation ... Date of ...

What test confirmed diegnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Wes diseese or injury in any way related to occupation of deceased? No.

If so, specify ...

(Signed) J. W. Lutton M. D.

(Address) Boonsboro, ...

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06282

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 123 Randolph Ave.

Stay in hospital or inst. (yrs., or mos., or days) None

Stay in this community (yrs., or mos., or days) 10yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 4 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 123 Randolph Ave. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Anna South Cline

3. (b) Social Security Number 212-14-6997.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married.

6 (b) Name of husband or wife W. Harry.

6(c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) Jany 25 - 1906

8. AGE:

Years	Months	Days	If less than one day
33	4	9.	hrs. min.

9. Birthplace Smithsburg Md. (Town, county, and state)

10. Usual occupation Packer

11. Industry or business Porter Chemical Co-

FATHER 12. Name Charles W. South

FATHER 13. Birthplace Hagerstown, Md.

MOTHER 14. Maiden name Daisy M. Slick.

MOTHER 15. Birthplace Smithsburg Md.

16. Informant W. Harry Cline

Address Hagerstown. Md.

17. Bury (Burial, cremation, or removal. Which?) Date thereof June 5-1939. (month) (day) (year)

Cemetery or crematory Smithsburg Cemetery

Location Smithsburg, Md.

16. Funeral director Andrew K. Coffman

Address Hagerstown. Md

19. 6-5- 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2. 1939, at 7:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1939 to June 2 1939 and that I last saw h alive on June 2 1939.

Immediate cause of death Cerebral Hemorrhage — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D. Prather M. D.

Address Hagerstown Date signed June 3 1939

D. Prather.

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JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (57)

CERTIFICATE OF DEATH

06283

Reg. Dist. No. 301

1. PLACE OF DEATH:
County Washington
City or town Williamsport Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Williamsport Maryland
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 81 yrs 2 months 4da

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John Corby

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alice Jane Corby
Williamsport Md
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 5 1855

8. AGE: Years 81 | Months 2 | Days 4 | If less than one day hrs. min.

9. Birthplace: Williamsport Md
(Town, county, and state)

10. Usual occupation: Labor

11. Industry or business

FATHER
12. Name: Walker Corby
13. Birthplace: Maryland

MOTHER
14. Maiden name: Althea Artz
15. Birthplace: Maryland

16. Informant: Albert Corby
Address: Altoona Pa

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 7 1939 (month) (day) (year)
Cemetery or crematory: Riverview Cemetery
Location: Williamsport Md.

18. Funeral director: Edith V Leaf
Address: Williamsport, Md

19. June 7 1939 (Date rec'd by registrar) Mrs E Lee McElroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1939, to June 5 1939, and that I last saw him alive on June 4 1939.

Immediate cause of death: Arthritis, General.
Due to —
Due to —
Other conditions: None
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Williamsport Md Date signed June 6-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 3 1969
BUREAU V. S.

06284

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(54-6) ✓

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 days

Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 15 Cypress St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emma Mildred Cruickshanks

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: Frederick Cruickshanks

6(c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Nov 6 1897

8. AGE: Years 41 Months 7 Days 11 If less than one day ____ hrs. ____ min.

9. Birthplace Canajoharie N.Y.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business Own Home

FATHER
12. Name Lewis St John
13. Birthplace St. Louis Mo.

MOTHER
14. Maiden name Mabel Van Alstine
15. Birthplace Canajoharie N.Y.

16. Informant Frederick Cruickshanks

Address Hagerstown Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof June 20 1939
(month) (day) (year)

Cemetery or crematory Rest Haven

Location Hagerstown Md

18. Funeral director Scott F. Minnich & Son

Address Hagerstown Md

19. 6-19-1939 Chas. H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1939, at 505 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec - 1937, to June 17 1939, and that I last saw her alive on June 17 1939.

Immediate cause of death: Post Operative Bronchopneumonia possible

Due to Pneumonary Embolus

Due to

Other conditions: Secondary Enema; Heat prostration

(Include pregnancy within 3 months of death)

Major findings:

Of operations Submucous fibroid and Uterine hemorrhages. June 15th 1939. C.W.L.R.

Of autopsy

DURATION: 2 days; 6 mos.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE W. D. Campbell
M. D. or other

Address Hagerstown Md. Date signed June 19/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06285

Reg. Dist. No. 304

1. PLACE OF DEATH:
County WASH.
City or town HANCOCK RFD #1
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MD County WASH.
City or town RFD #1 HANCOCK Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR NO.

3. (a) FULL NAME INFANT CUBBAGE.

3. (b) Social Security Number

4. Sex F
5. Color or race W.
6. (a) Single, married, widowed, or divorced SINGLE.
B (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 6/26 39

8. AGE: Years — Months — Days — If less than one day hrs. min.

9. Birthplace WASH Co.
(Town, county, and state)
10. Usual occupation NONE.
11. Industry or business "

FATHER
12. Name WASON W. CUBBAGE.
13. Birthplace HANCOCK MD RFD 1

MOTHER
14. Maiden name VADA. BARNHART.
15. Birthplace FULTON CO PA.

16. Informant WASON W CUBBAGE.
Address HANCOCK MD.

17. BURIAL. Date thereof 6-27 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory R.S. DILLONS TENANT FARM
Location ABOUT 250 yds NORTH OF R 40.

18. Funeral director WASON W CUBBAGE.
Address HANCOCK MD.

19. 6-27 1939 L P Jenkins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1939, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 26 1939, to June 26 1939, and that I last saw her ~~alive on~~ Stillborn June 26 39

Immediate cause of death Stillbirth

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L M Shaffer M.D.
M. D. or other
Address Hancock Md Date signed 6/27/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (948)

CERTIFICATE OF DEATH

06286

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 215 W. Washington
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 28 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 206 Norway Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lester J. Cunningham

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Anna P. Cunningham
6(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Feb. 10 - 1883

8. AGE:

Years	Months	Days	If less than one day
56	4	6	hrs. min.

9. Birthplace Bearfoss, Wash Co. Md. (Town, county, and state)
10. Usual occupation Painter
11. Industry or business

FATHER
12. Name Andrew Cunningham
13. Birthplace Bearfoss Md.

MOTHER
14. Maiden name Kate Hicks
15. Birthplace Bearfoss Md.

16. Informant Mrs. L. J. Cunningham
Address Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 18-1939 (month) (day) (year)
Cemetery or crematory Broadfording
Location Broadfording, Wash Co. Md
18. Funeral director C. M. Suter & Son
Address Hagerstown, Md.
19. 6-17-1939 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1939, at 3:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 16 1939 to June 16 1939, and that I last saw h[illegible] alive on June 16 1939.

	DURATION
Immediate cause of death Coronary Thrombosis	10 min.
Due to	
Due to NOR	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. W. Beachley M.D.
M. D. or other
Address Hagerstown, Md. Date signed June 17/39

RECEIVED
JUL 5 1939
BUREAU V. S

06287

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days): 6 days

Stay in this community (yrs., or mos., or days): 1 Mo. 14 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown (WITHIN CORPORATE LIMITS OF) Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 21 W. Antietam Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Marcia Lou Divelbiss

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 2, 1939

8. AGE: Years	Months	Days	If less than one day
0	1	14	____ hrs. ____ min.

9. Birthplace: Hagerstown, Md. (Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER
12. Name: James Divelbiss
13. Birthplace: Franklin County, Pa.

MOTHER
14. Maiden name: Jean Jones
15. Birthplace: Bedford County, Md.

16. Informant: James Divelbiss

Address: 21 W. Antietam St.-Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 18, 1939 (month) (day) (year)

Cemetery or crematory: Fairview Cemetery

Location: Mercersburg, Pa.

18. Funeral director: Fred W. Kraiss,

Address: Hagerstown, Md.

19. 6-17-1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 16, 1939, 6:55A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 9 1939, to June 16 1939, and that I last saw her alive on June 16 1939.

Immediate cause of death: Bronchopneumonia Bilateral

Due to: Upper Resp Infection

Due to:

Other conditions: pyelitis

(Includs pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: as above.

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: T. L. W. Bowman M.D. M. D. or other

Address: Hagerstown Md. Date signed 6/16/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06288

46-(B)

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Brandon Alley ~~Washington County Farm~~
(If rural give LOCATION)
2 wks.
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Domer

3. (b) Social Security Number None

4. Sex Male
5. Color or race Col
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Mabel Domer
6(c) If alive, give age unknown years
7. Birth date of deceased (mo., day, yr.) unknown
8. AGE: Years About 65 | Months | Days | If less than one day ___ hrs. ___ min.
9. Birthplace Shepherdstown W.Va. (Town, county, and state)
10. Usual occupation Laberor
11. Industry or business City Street Dept.
FATHER 12. Name John Domer
13. Birthplace W.Va.
MOTHER 14. Maiden name Lydia Ross
15. Birthplace W.Va.
16. Informant Lola Groves (sister)
Address 1515 Orleans St Baltimore Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 19 1939 (month) (day) (year)
Cemetery or crematory Rosehill Cemetery
Location Hagerstown Md
18. Funeral director John M. Caldwell
Address 160 N. Johnathan St Hagerstown Md
19. 6-19-39 (Date rec'd by registrar) Chas H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16th 1939, at 8:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10th 1939, to June 16 1939, and that I last saw him alive on June 16 1939
Immediate cause of death General Arterio Sclerosis
Due to
Due to Primary carcinoma of stomach. cwGR.
Duration: Not stated
Other conditions Carcinoma. (?)
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. H. Beachley M.D. M. D. or other
Address Hagerstown, Md Date signed June 16/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107-a)

06289

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington.

City or town Hagerstown.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co Hospital

Stay in hospital or inst. (yrs., or mos., or days) 21 days.

Stay in this community (yrs., or mos., or days) 21 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington.

City or town Beaver Creek. Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Richard Ellis Easton.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widower.

6 (b) Name of husband or wife Fannie

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jany 1 - 1856

8. AGE:

Years	Months	Days	If less than one day
83	5	15	hrs. min.

9. Birthplace Beaver Creek, Wash Co Md.

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farmer.

FATHER

12. Name Hezekiah. Easton

13. Birthplace Beaver Creek.

MOTHER

14. Maiden name No Record

15. Birthplace " "

18. Informant Mrs Elmer Easton.

Address Hagerstown, Md.

17. Bury. (Burial, cremation, or removal. Which?) Date thereof June 18-1939 (month) (day) (year)

Cemetery or crematory Luthern Cemetery

Location Beaver Creek. Md.

18. Funeral director Andrew K. Coffman.

Address Hagerstown, Md.

19. 6 - 17 - 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1939, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 - 35 19 , to June 16 1939, and that I last saw her alive on June 16 - 35 19

Immediate cause of death Action - sclerosis

Due to (Bronchopneumonia) Tumor

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy Same as above

DURATION

10 yrs

2 days

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E W Ditto Jr M. D. or ~~other~~

Address Hagerstown Md Date signed 6/17/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr D. Ho -

RECEIVED
JUL 5 1939
BUREAU V. S.

06290

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(161-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co. Hospital Hagerstown Md.

Stay in hospital or inst. (yrs., or mos., or days) 1 hr.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF) Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 442 W. Church.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Kenneth Eugene Elliott

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24-1939.

8. AGE: Years — Months — Days — If less than one day 1 hrs. min.

9. Birthplace Hagerstown, Wash. Co. Md. (Town, county, and state)

10. Usual occupation none

11. Industry or business —

FATHER 12. Name Glenn W. Elliott

13. Birthplace Mercersburg Pa.

MOTHER 14. Maiden name Gertrude Gladhill

15. Birthplace Hagerstown. Md.

16. Informant Glenn W. Elliott

Address Hagerstown. Md.

17. Bury (Burial, cremation, or removal. Which?) Date thereof June 24-1939 (month) (day) (year)

Cemetery or crematory Rest Haven Cem.

Location Hagerstown, Md

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. 6-24-1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1939, at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-24-1939, to 6-24-1939, and that I last saw him alive on 6-24-39 19

Immediate cause of death Atelectasis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 6/24/39

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr E W Ditto M. D. or other

Address Hagerstown Md Date signed 6/24/35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. D. Ho

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06291

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 998 Potomac ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 45 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 998 Potomac ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nancy Belle Elliott

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9-1884

8. AGE:

Years	Months	Days	If less than one day
54	11	25	hrs. min.

9. Birthplace Welsh Run, Pa.
(Town, county, and state)

10. Usual occupation Housework, own home

11. Industry or business

FATHER
12. Name Frank J. Elliott
13. Birthplace Welsh Run, Pa.

MOTHER
14. Maiden name Mary A. Hacker
15. Birthplace Lincoln, Pa.

16. Informant Miss Charlotte Elliott
Address Hagerstown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 5-1939 (month) (day) (year)
Cemetery or crematory Rose Hill
Location Hagerstown, Md.

18. Funeral director C. M. Suter & Sons
Address Hagerstown, Md.

19. 6-5-1939 Chas. H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1939, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15 1938, to June 2 1939, and that I last saw h-- alive on June 2 - 1939.

Immediate cause of death	DURATION
Cerebral hemorrhage	2 hrs.
Due to Hypertensive vascular disease.	5 yrs.
Due to	
Other conditions Arteriosclerosis.	(?)

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Lloyd A. Hoffman M.D.
M. D. or other
Address 214 N. Potomac Date signed 6-3-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

06292

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 yr and 8 mos

Stay in this community (yrs., or mos., or days) 60 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 122 1/2 North Ave.

(If rural, give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William H. Fisler.

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower.

6 (b) Name of husband or wife: Mary L.

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 15 - 1861.

8. AGE: Years 77 Months 11 Days 27. If less than one day ___ hrs. ___ min.

9. Birthplace Middletown, Daugha Co Pa. (Town, county, and state)

10. Usual occupation Salesman.

11. Industry or business Retired - 20 yrs.

FATHER 12. Name No Record

13. Birthplace " "

MOTHER 14. Maiden name No Record

15. Birthplace " "

16. Informant Mary E. Landis Martin.

Address Baltimore Md

17. Bury (Burial, cremation, or removal. Which?) Date thereof June 14-1939 (month) (day) (year)

Cemetery or crematory Beaver Creek

Location Beaver Creek.

18. Funeral director Andrew K. Cossman

Address Hagerstown. Md

19. 6-13 1939 (Date rec'd by registrar) Chas H. Bowers Registrar

MEDICAL CERTIFICATION

30A

20. DATE OF DEATH June 12 1939, at 1. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 26 1937, to June 12 1939, and that I last saw him alive on June 12 1939.

Immediate cause of death: Arteriosclerosis, Myocarditis chr, Cerebral sclerosis, Nephritis chr

Due to: Uraemia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 5/20/39

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. L. Porterfield M.D. M. D. or other

Address 136 W. Washington St. Date signed 6/12/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

W. Porterfield

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06293

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Mt. Etna Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown, Md. Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Mt. Etna Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charlotte A. Grossnickle

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Caleb Grossnickle

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) October 22, 1856

8. AGE: Years	Months	Days	If less than one day
82	8	1	____ hrs. ____ min.

9. Birthplace Middletown-Frederick Co., Md.
(Town, county, and state)

10. Usual occupation Home Work

11. Industry or business

FATHER 12. Name Sampson L. Kinna

13. Birthplace Middletown, Md.

MOTHER 14. Maiden name Charlotte Routzahn

15. Birthplace Ellerton, Md.

16. Informant Mary Grossnickle

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 26, 1939 (month) (day) (year)

Cemetery or crematory Grossnickle Cemetery

Location Near Ellerton, Md.

18. Funeral director J. Thomas Bittle and Son

Address Myersville, Md.

19. 6/26/39 (Date rec'd by registrar) Chas. H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1939, 1:30P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 29, 1939, to June 23 1939, and that I last saw her alive on June 22 1939.

Immediate cause of death	DURATION
(a) Chronic myocarditis	?
Due to	
Due to	
Other conditions Arteriosclerosis & hypertension. (Include pregnancy within 3 months of death)	?

Major findings:
Of operations None

Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE La Dell, M. D. or other

Address Hagerstown Md. Date signed 6/24/39

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JUL 5 1939
BUREAU V. S.

06294

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution 855 Guilford ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 yr

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 855 Guilford ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Louise D. Harris

3. (b) Social Security Number —

4. Sex Female

5. Color or race white

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 19 - 1861

8. AGE: Years 78 Months 5 Days 11 If less than one day ____ hrs. ____ min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own Home.

FATHER
12. Name George W. Harris
13. Birthplace near Baltimore, Md.

MOTHER
14. Maiden name Catherine Delaplaine
15. Birthplace Frederick Co, Md.

18. Informant Charles Markell
Address Baltimore Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof July 3 - 1939
(month) (day) (year)

Cemetery or cremetery Rose Hill

Location Hagerstown, Md.

18. Funeral director C. M. Suter & Sons
Address Hagerstown, Md.

19. 7-3- 1939 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/30 1939, at 4:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1938, to 6/30 1939, and that I last saw her alive on 6/30 1939.

Immediate cause of death
Chronic Endocarditis
" Nephritis

Due to (2)

Due to ?

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

DURATION
?
—

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Martin D Miller
M. D. or other

Address ____ Date signed 7/1-39

DR. VICTOR D. MILLER
[illegible] WASHINGTON ST.
HAGERSTOWN, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131)

06295

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 534 N. Mulberry
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 yr

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 534 N. Mulberry
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harry E. Hartle

3. (b) Social Security Number 214-09-3570

4. Sex male
5. Color or race white
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Bess Hartle
6(c) If alive, give age 54 years
7. Birth date of deceased (mo., day, yr.) June 7-1885
8. AGE: Years 54 Months – Days 5 If less than one day ___ hrs. ___ min.
9. Birthplace Leitersburg, Wash Co Md
(Town, county, and state)
10. Usual occupation Meat Cutter
11. Industry or business
FATHER 12. Name Clinton W. Hartle
13. Birthplace Leitersburg, Md.
MOTHER 14. Maiden name Marie Schildnecht
15. Birthplace Funkstown, Md.
16. Informant Mrs Bess Hartle
Address Hagerstown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 15-1939 (month) (day) (year)
Cemetery or crematory Rose Hill
Location Hagerstown, Md.
18. Funeral director C. M. Suter & Sons
Address Hagerstown, Md.
19. 6-14-1939 (Date rec'd by registrar) Chas H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12, 1939, 3:30 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 6 1939, to June 12 1939, and that I last saw him alive on June 11, 1939.
Immediate cause of death Chronic nephritis — DURATION 6 mos.
Due to
Due to
Other conditions Chronic myocarditis — 6 mos.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. B. Norment M.D. M. D. or other
Address Hagerstown Md. Date signed 6/13/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

US A15

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JUL 5 1939
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94?)

06296

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Wash. Co. Hosp.

Stay in hospital or inst. (yrs., or mos., or days) 3 days

Stay in this community (yrs., or mos., or days) 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 619 Potomac Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Fred Holman

3. (b) Social Security Number 214-09-2359

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife Elsie

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Aug 19 1877

8. AGE: Years 61 | Months 10 | Days 9 | If less than one day ____ hrs. ____ min.

9. Birthplace Pittsburgh, Penna (Town, county, and state)

10. Usual occupation Bartender

11. Industry or business Catering

FATHER 12. Name No Record

13. Birthplace

MOTHER 14. Maiden name No Record

15. Birthplace

16. Informant Elsie Norman Holman

Address 619 Potomac Ave. Hagerstown

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 30 1939 (month) (day) (year)

Cemetery or crematory Rest Haven Cem.

Location Hagerstown Md.

18. Funeral director Andrew K Coffman

Address Hagerstown Md.

19. 6/30/39 (Date rec'd by registrar) Chas Hoovers Registrar

Dr. Poole

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1939, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 1939 to June 28 1939, and that I last saw him alive on June 28 1939.

	DURATION
Immediate cause of death Coronary occlusion	9 days
Due to	
Due to	
Other conditions Pulmonary infarction	4 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations None.

Of autopsy None.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE Ernest F. Poole M.D.

M. D. or other

Address Hagerstown Md Date signed 6/29/39

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BUREAU V. S.

06297

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 557 W. Church St

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 29 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 557 W. Church St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Daniel Hose

3. (b) Social Security Number 220-10-3429

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name of ~~husband or~~ wife: Anna V.

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.): May 1 - 1870

8. AGE: Years 69 | Months 1 | Days 14 | If less than one day ___ hrs. ___ min.

9. Birthplace: Hagerstown Wash. Co Md RFD (Town, county, and state)

10. Usual occupation: Machinist Foreman

11. Industry or business: M.P. Moller Organ Co.

FATHER

12. Name: Henry Hose

13. Birthplace: Hagerstown Md RFD.

MOTHER

14. Maiden name: Rhoda A. PreHyman.

15. Birthplace: Maine

16. Informant: Mrs Anna V. Hose.

Address: Hagerstown -

17. Burial. (Burial, ~~cremation, or removal. Which?~~) Date thereof June 18-1939 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown Md.

18. Funeral director: Andrew K. Coffman

Address: Hagerstown, Md.

19. 6-17-1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1939, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 23, 1939, to June 15 1939, and that I last saw him alive on June 15, 1939.

Immediate cause of death	DURATION
Lobar Pneumonia - Type 6 Lower Lt. lobe	5-26-39
Due to Rt. Lower lobe Type 6 - Pneumonia	6-14-39
Due to	
Other conditions arteriosclerosis	5-26-39

(Include pregnancy within 3 months of death)

Major findings:

Of operations no

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide X Date of X

Where did injury occur? X (City or town) X (County) X (State)

Injured at home, farm, industry, public place (where?)

Means of injury X Injured at work?

23. SIGNATURE W. Howard Yeager M. D. or other

Address Hagerstown Md Date signed 6-16-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

D. Yeager.

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48) V

06298

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 days

Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 43 E. Baltimore
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizebeth M. James

3. (b) Social Security Number 220-10-3622

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Femal	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11 1871

8. AGE:

Years	Months	Days	If less than one day
67	6	22	hrs. min.

9. Birthplace near Williamsport Md.
(Town, county, and state)

10. Usual occupation Mill Worker

11. Industry or business Roulett Knitting Mills

FATHER
12. Name otho Jamesd
13. Birthplace Unknown

MOTHER
14. Maiden name alice Snyder
15. Birthplace Unknown

16. Informant Mrs. J.F. Rodgers
Address Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 5 1939 (month) (day) (year)

Cemetery or crematory Riverview

Location Williamsport Md.

18. Funeral director Scott F. Minnick & Son

Address Hagerstown Md

19. 6-5- 1939 Chas. H. Beaver
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1939, at 6:55 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15 1939, to 6/3 1939, and that I last saw h alive on 6/2 1939.

	DURATION
Immediate cause of death Carcinoma of uterus	(a) 3 mo
Due to " " "	
Due to " " "	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE V. D. Miller M. D. or other
DR. VICTOR D. MILLER,

Address 131 W. WASHINGTON ST. Date signed 6/3-1939
HAGERSTOWN, MD.

V. Miller

RECEIVED
JUL 5 1939
BUREAU V. S.

06299

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Washington Registration Dist. No. 307

Village or City Sandy Hook. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Bertie Ellen Jenkins If U.S. Veteran specify WAR

(a) Residence: No. Sandy Hook, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Jenkins.

6. DATE OF BIRTH (month, day, and year) Sept 21 1878

7. AGE Years 60 Months 8 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Wife

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. " "

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation 45 yrs.

12. BIRTHPLACE (city or town) (State or country) Sandy Hook, Md

FATHER

13. NAME Franklin Merriman

14. BIRTHPLACE (city or town) (State or country) Knoxville Md.

MOTHER

15. MAIDEN NAME Sarah E. Booth

16. BIRTHPLACE (city or town) (State or country) Lovettsville, Va.

17. INFORMANT (Address) Mrs. Harry Cummings, Bolivar, W.Va.

18. BURIAL, CREMATION, OR REMOVAL Place Knoxville Md Date June 20, 1939

19. UNDERTAKER (Address) J. L. Eackles Bolivar, W.Va.

20. FILED June 18, 1939 Cornelius W. Castle Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 17 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to June 17, 1939

I last sew her alive on June 16, 1939; death is said to have occurred on the date stated above, at 7 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder & metastasis	?

Other Contributory Causes of Importance: Hemorrhage

Name of operation Biopsy Date of June 3-38

What test confirmed diagnosis? Tissue Wes there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? none Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury none

Nature of injury

24. Wes disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Shnapffer M. D.

(Address) Brunswick R

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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RECEIVED JUL 5 1939 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06380

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 857 Frederick St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 60

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 3

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 857 Frederick St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna Towson Kenly

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widow

6 (b) Name of husband ~~or wife~~ Davies L. Kenly

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1857

8. AGE:

Years	Months	Days	If less than one day
81	7	19	____ hrs. ____ min.

9. Birthplace Smithsburg Washington Co. Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business own Home.

FATHER

12. Name Jacob T. Towson

13. Birthplace Smithsburg Md.

MOTHER

14. Maiden name Henrietta M. Bishop

15. Birthplace Smithsburg, Md.

16. Informant G. Tyson Kenly

Address Hagerstown, Md.

17. Burial Date thereof June 29-1939

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or ~~crematory~~ Smithsburg

Location Smithsburg, Md

18. Funeral director C. M. Sutel & Son

Address Hagerstown, Md.

19. 6/28/39 Chas. H. Bowers, Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1939, at 9.05 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 16 1936, to June 26 1939, and that I last saw h~~e~~r alive on June 26 1939.

Immediate cause of death	DURATION
Auricular Fibrillation	1937
Chr. myocarditis	1936
Due to:	
Auricular fibrillation	6/26/39
Due to	
Other conditions Hydrops gall bladder	1930

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D. Baker Mello M. D.

M. D. or other

Address 115 N. Potomac Date signed 6/27/39

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (24)

CERTIFICATE OF DEATH

06301

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Florida ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 8 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Florida ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Spanish-american

3. (a) FULL NAME John William Koontz

3. (b) Social Security Number

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: May Koontz

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.): not Known

8. AGE: Years: about 60 | Months | Days | If less than one day: ____ hrs. ____ min.

9. Birthplace Westminster, md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name John Koontz

13. Birthplace Westminster, Md.

MOTHER 14. Maiden name Anna Ferguson

15. Birthplace Westminster md.

16. Informant Mrs. J. Newton Hockensmith

Address Hagerstown, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof June 12 1939 (month) (day) (year)

Cemetery or crematory National Cem.

Location Baltimore, Md.

18. Funeral director C. M. Suter & Sons

Address Hagerstown, Md.

19. 6-12-39 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 19 39, at 2a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not attended, to ____ 19____, and that I last saw him alive on June 10 19 39

	DURATION
Immediate cause of death not Known	
Cervical Adenitis probable	
Due to History of Lues	
History of Hemorrhage from mouth	
Due to History of Dyspnea	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE Henry R. Kuhn M.D.
M. D. or other

Address Hagerstown, Md. Date signed ____

RECEIVED
JUN 15 1939
BUREAU V. S.

06302

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (186a)

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Washington County Hospital Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3½ Months

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Wash

City or town Pandsville Md Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Mary C. Kuhn

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. ~~(a) Single, married~~, widowed, ~~or divorced~~: Widowed

B (b) Name of husband or wife none

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3-5-1870

8. AGE: Years 69 | Months 3 | Days 13 | If less than one day — hrs. — min.

9. Birthplace Near Myersville Fred Co Md
(Town, county, and state)

10. Usual occupation House Keeping

11. Industry or business none

FATHER
12. Name John Kuhn Sr
13. Birthplace Near Myersville Fred Co Md

MOTHER
14. Maiden name Mary Michaels
15. Birthplace Near Myersville Fred Co Md

16. Informant John. Kuhn. Jr.

Address Pandsville. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-20-1939 (month) (day) (year)

Cemetery or crematory Caretowne Cemetery.

Location Caretowne Md

18. Funeral director Geo. B. Hoover

Address Smithsburg Md

19. 6-18-1939 (Date rec'd by registrar) Chas H Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1939, at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1939, to June 18 1939, and that I last saw her alive on June 18 1939.

Immediate cause of death Central Hemorrhage — DURATION 4 days

Due to Arterio Sclerosis — 3 yrs

Due to

Other conditions Fractured Femur due to accidental fall. CWGR. — 3½ min
(Include pregnancy within 3 months of death)

Major findings: Slipped on ice, on street.

Of operations ✓

Of autopsy ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Accident. Date of March 18th, 1939.

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. A. Kohler M. D. or other

Address Smithsburg Date signed 8/18/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06303

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 423 Ridge ave.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 10 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 423 Ridge Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Joseph Alva Lapole

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Susan May
6(c) If alive, give age: 62 years
7. Birth date of deceased (mo., day, yr.): March 31, 1876
8. AGE: Years: 63 Months: 2 Days: 18 If less than one day: hrs. min.
9. Birthplace: Breathedsville, Wash. Co. Md. (Town, county, and state)
10. Usual occupation: Cabinet maker
11. Industry or business: Furniture factory
FATHER 12. Name: Joseph Lapole
13. Birthplace: Hagerstown Md.
MOTHER 14. Maiden name: Susan M. McNamee
15. Birthplace: Breathedsville Md.
16. Informant: Mrs. Mary Forsythe
Address: Hagerstown, Maryland
17. Burial, cremation, or removal. Which?: Burial Date thereof: June 22 39 (month) (day) (year)
Cemetery or crematory: Manor Cemetery
Location: Hagerstown Maryland
18. Funeral director: Andrew K. Coffman
Address: Hagerstown Maryland
19. 6 22 39 (Date rec'd by registrar) Chas. H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 19 1939, at 10 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 17 1939, to June 19 1939, and that I last saw him alive on June 17 1939.

	DURATION
Immediate cause of death: Coronary heart disease	2 weeks
Due to: arteriosclerosis	?
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Lloyd A. Hoffman, M. D. or other
Address: 214 N. Potomac Date signed: 6-20-39

Dr. Hoffman

RECEIVED
JUL 5 1939
U. S.

06304

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (32-a)

County Washington Registration Dist. No. 7-306

Village or City Hagerstown #5 No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Harriet S. Lederer

(a) Residence: No. Hagerstown Md #5 St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Lederer

6. DATE OF BIRTH (month, day, and year) March 10 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Oliver Lantz

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Apfold

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Henry Lederer (Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL Cemetery Place Green mount Date 6/5 1939

19. UNDERTAKER Walter J. Grove (Address) Waynesboro Pa

20. FILED June 7, 1939 Geo. W. Ferguson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 2 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1939, to June 2, 1939

That I last saw her alive on June 2, 1939; death is said to have occurred on the date stated above, at 11:15 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/2/39

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. J. Schultz Jr. M. D.

(Address) Waynesboro Pa.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Overlooked Sorry)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(157-C)

06305

Reg. Dist. No. 303

1. PLACE OF DEATH:

County Washington Co

City or town Clear Spring Md, R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME unnamed (Baby Leisure)

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1939

8. AGE: Years | Months | Days: 2 | If less than one day: hrs. min.

9. Birthplace Washington Co.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Geo. Leisure
13. Birthplace Washington Co

MOTHER
14. Maiden name Fannie Bloyer
15. Birthplace Washington Co

16. Informant Geo. Leisure
Address Clear Spring Md R.F.D.

17. Blairs Valley Cemetery (Burial, ~~cremation, or removal. Which?~~) Date thereof June 11 1939 (month) (day) (year)

Cemetery or crematory

Location Blairs Valley Cemetery

18. Funeral director Snyder Rowland
Address Clear Spring Md

19. June 11 1939 (Date rec'd by registrar) J. W. Murray Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1939, at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 9, 1939, to June 11, 1939, and that I last saw him alive on June 10, 1939.

Immediate cause of death Patulous Foramen Ovale — DURATION 2 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None —

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE David R. Brewer M.D.
M. D. or other

Address Clear Spring Md Date signed 6/11/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 21 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06367

Reg. Dist. No. 368

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Big Pool Md R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Mc Lucas

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
Female	White	

8 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15 1939

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Washington Co.
(town, county, and state)

10. Usual occupation Big Pool Md R.F.D.

11. Industry or business

FATHER
12. Name Charles Mc Lucas
13. Birthplace Washington Co.

MOTHER
14. Maiden name Catherine Naylor
15. Birthplace Washington Co

16. Informant Charles Mc Lucas
Address Big Pool Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 16 39 (month) (day) (year)

Cemetery or crematory Shanstown Cemetery

Location Shanstown Md

18. Funeral director Snyder - Rowland.

Address Clear Spring Md.

19 June 16 1939 (Date rec'd by registrar) J. W. Murray Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15, 1939, at 9.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Stillborn to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
Premature birth	
6 mo. Gestation -	
Due to Case Polyhydramnios	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE David P. Brewer M.D.
M. D. or other

Address Clear Spring Md. Date signed June 16-39

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AUG 21 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

06308

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
County Washington
City or town Mt. Lena.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Boonsboro Md. Route 2
Stay in hospital or inst. (yrs., or mos., or days) Home of grandparents
Stay in this community (yrs., or mos., or days) 6 Weeks.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 431 Salem Ave
(If rural give LOCATION)
2(a) ~~IF VETERAN, NAME WAR~~

3. (a) FULL NAME Geraldine Frances Main

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
8 (b) Name of husband or wife: Single
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): February-10-1925

8. AGE: Years 14 | Months 4 | Days 6 | If less than one day ____ hrs. ____ min.

9. Birthplace: Mt. Lena Wash. Co. Md. (Town, county, and state)
10. Usual occupation: None
11. Industry or business: at Home

FATHER
12. Name: Bruce Main
13. Birthplace: Middletown Fred. Co. Md.

MOTHER
14. Maiden name: Pauline Moser
15. Birthplace: Boonsboro Wash. Co. Md.

16. Informant: Bruce Main
Address: 431 Salem Ave. Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June-18-1939 (month) (day) (year)
Cemetery or crematory: Boonsboro Cemetary
Location: Boonsboro Md.

18. Funeral director: Wm. F. Bast & Son
Address: Boonsboro Md.

19. June-18, 1939 (Date rec'd by registrar) William F. Bast, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16. 1939, at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 4 1939, to June 16 1939, and that I last saw her alive on June 15 1939.

Immediate cause of death: Acute General Miliary Tuberculosis — DURATION 4-3-39
Due to
Due to
Other conditions
(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE J. Hubert Mole M.D. (M. D. or other)
Address Boonsboro Md. Date signed 6/17/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

06309

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Maugansville, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Maugansville Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Streets not named
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rebecca S. Martin

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Daniel W. Martin

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 6, 1873

8. AGE: Years	Months	Days	If less than one day
65	11	4	____ hrs. ____ min.

9. Birthplace Franklin County, Pa.
(Town, county, and state)

10. Usual occupation Home Work

11. Industry or business

FATHER 12. Name Jacob Shank

13. Birthplace Unknown- Maryland

MOTHER 14. Maiden name Martha Strite

15. Birthplace Unknown- Maryland.

16. Informant Jacob Martin

Address Maugansville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 12, 1939 (month) (day) (year)

Cemetery or crematory Reiff's Mennonite Cemetery

Location Cearfoss, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. June 12 1939 (Date rec'd by registrar) Janet M. Foltz Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1939, at 7:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1, 1938 19 ____ to June 10 1939 and that I last saw her alive on June 7, 1939.

Immediate cause of death Coronary Embolism — DURATION

Due to ____

Due to ____

Other conditions arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE A P Stanffer M. D. or other

Address Hagerstown, Md. Date signed June 10, 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

1908

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53A)

CERTIFICATE OF DEATH

06310

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Funkstown, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Funkstown Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Main Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: AMY VIOLA McLUCAS

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: S. Luther McLucas

6(c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): Sept. 26, 1889

8. AGE: Years: 49 | Months: 8 | Days: 18 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Clearspring, Md.
(Town, county, and state)

10. Usual occupation: Home Work

11. Industry or business:

FATHER — 12. Name: Lewis Moser

13. Birthplace: Washington County, Md.

MOTHER — 14. Maiden name: Sally Rockwell,

15. Birthplace: Washington County, Md.

16. Informant: S. Luther McLucas

Address: Funkstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 16, 1939 (month) (day) (year)

Cemetery or crematory: Stone Bridge Dunkard Cemetery

Location: Rural- Near Millstone, Md.

18. Funeral director: Snyder-Rowland Funeral Home

Address: Clearspring, Md.

19. 6-15-39 (Date rec'd by registrar) Chas. H. Boyer, Registrar

MEDICAL CERTIFICATION

A. M.

20. DATE OF DEATH: June 14, 1939 12:30

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10, 1939 to June 14, 1939, and that I last saw h-er alive on June 13, 1939

Immediate cause of death	DURATION
Carcinoma of colon	2 mo.
Due to Carcinoma of right kidney -	2 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Ot operations: Right kidney removed - 2 yrs ago.
Ot autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: David P. Brewer M. D.
M. D. or other

Address: Clear Spring Md. Date signed: June 15, 39

RECEIVED
JUL 5 1939
BUREAU V. S.

06311

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 308 S. Cannon Avenue

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 15 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 308 S. Cannon Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas Jefferson McLucas

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary Alice McLucas

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 25, 1857

8. AGE: Years	Months	Days	If less than one day
82	2	24	____ hrs. ____ min.

9. Birthplace Washington County, Md.
(Town, county, and state)

10. Usual occupation Retired Laborer

11. Industry or business Farm Work

FATHER
12. Name Daniel McLucas
13. Birthplace Washington County, Md.

MOTHER
14. Maiden name Christina Shoemaker
15. Birthplace Washington County, Md.

16. Informant S. Luther McLucas
Address Funkstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 20, 1939 (month) (day) (year)

Cemetery or crematory Stone Bridge Dunkard Cemetery

Location Millstone, Md. (Rural)

18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.

19. 6-20-39 (Date rec'd by registrar) Chas. H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1939 12:45A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 27, 1939, to June 18, 1939, and that I last saw him alive on June 12, 1939.

Immediate cause of death	DURATION
Enteroscleroma	1 yr +
Due to General Debility	
Due to	
Other conditions Senile Dementia	6 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations none.
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Howard Yeager M. D. or other

Address Hagerstown, Md Date signed June 19, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (10)

06312

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington.
City or town Hagerstown. RFD #2.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 30 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington.
City or town Hagerstown. R#2 Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No. near Mt Tabor.
(If rural give LOCATION)
2(o) IF VETERAN, NAME WAR

3. (a) FULL NAME Harvey Allen Myers.

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (o) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Annie.
6(c) If alive, give age 68 years
7. Birth date of deceased (mo., day, yr.): April 5 - 1870
8. AGE: Years 69 Months 2 Days 11 If less than one day ___ hrs. ___ min.
9. Birthplace near Hagerstown, Wash. Co. Md. (Town, county, and state)
10. Usual occupation Farmer-
11. Industry or business Farmer
FATHER
12. Name Jacob Myers-
13. Birthplace Hagerstown Md R.F.D.
MOTHER
14. Maiden name Mary Summers-
15. Birthplace Hagerstown. Md RFD
16. Informant William J. Myers-
Address Somerville N. J.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 19, 1939 (month) (day) (year)
Cemetery or ~~crematory~~ Broad Fording Cem.
Location Broad Fording. Md
18. Funeral director Andrew K. Coffman
Address Hagerstown. Md
19. 6-17- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1939, at 11 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1939, to June 16 1939, and that I last saw him alive on June 13 1939.
Immediate cause of death Bronchopneumonia
Due to
Due to
Other conditions Transition cachexia Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F. H. Cutler M. D. or other
Address Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Cutler

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(139-E)

06313

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH.
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wash. Co. Hosp.
Stay in hospital or inst. (yrs., or mos., or days) 10 days
Stay in this community (yrs., or mos., or days) 25 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Reid (Ward No.)
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Hagerstown R # 1
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie S. Oberholzer

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Jacob S. Oberholzer
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Oct. 28, 1875
8. AGE: Years 63 | Months 7 | Days 6 | If less than one day ____ hrs. ____ min.
9. Birthplace Near Leitersburg. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own home
FATHER 12. Name Christain Shanks
FATHER 13. Birthplace Near Leitersburg
MOTHER 14. Maiden name Mary Stite
MOTHER 15. Birthplace Near Leitersburg
16. Informant Mrs. Anna Schindler
Address Reid, Md.
17. Burial (Burial, cremation, or removal? Which?) Date thereof June 6 1939 (month) (day) (year)
Cemetery or crematory Paradise Mennonite Cem.
Location Hagerstown, R.F.D. Reid
18. Funeral director Andrew K. Coffman
Address Hagerstown Maryland
19. 6-6- 1939 (Date rec'd by registrar) Chas. H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1939, at 9 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 30, 1939 to June 4 1939 and that I last saw her alive on June 4, 1939
Immediate cause of death Lobar pneumonia
DURATION 4 days
Due to Following operation which was performed 5/31/39
Due to Relaxed vaginal outlet, and prolapse of uterus. Duration - many years. C.W.S.R.
Other conditions Hypertheyroidism 2
(Include pregnancy within 3 months of death)
Major findings:
Of operations Amputation cervix & perineorrhaphy on May 31, 1939
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE La Bell M. D. or other
Address Hagerstown Md. Date signed 6/5/39

Dr. Bell

RECEIVED
JUL 5 1939
BUREAU V. S.

06314

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: 636 Penn. Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 636 Penn. ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edna Orkney Peters

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James Edward Peters

6(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Oct 18 1868

8. AGE: Years 70 Months 8 Days 1 If less than one day ___ hrs. ___ min.

9. Birthplace Annapolis Md (Town, county, and state)

10. Usual occupation House work

11. Industry or business at home

FATHER 12. Name Richard Harris

13. Birthplace Annapolis Md

MOTHER 14. Maiden name Lottie Chew

15. Birthplace Annapolis Md

16. Informant James Edward Peters

Address 636 Penn ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-22-39 (month) (day) (year)

Cemetery or crematory Rosehill Cemetery

Location Hagerstown Md

18. Funeral director John M Caldwell

Address 160 N Jonathan St. Hagerstown Md

19. 6/21/39 (Date rec'd by registrar) Chas H Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1939, at 5 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 16 1939, to June 19 1939, and that I last saw her alive on June 19 - 1939.

Immediate cause of death: Cardio-renal disease — DURATION: 4 mo+.

Due to arteriosclerosis — ?

Due to Diabetes mellitus — ?

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lloyd A. Hoffman M.D. M. D. or other

Address 214 N. Potomac St Date signed 6-20-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

06315

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown. (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co Hospital

Stay in hospital or inst. (yrs., or mos., or days) 10 days -

Stay in this community (yrs., or mos., or days) 10 days -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Leitersburg Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Miss Ruth Zeigler Poe.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single.

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 13- 1880

8. AGE:

Years	Months	Days	If less than one day
58	6	19	hrs. min.

9. Birthplace Leitersburg Md. (Town, county, and state)

10. Usual occupation Leitersburg Md.

11. Industry or business Teacher.

FATHER 12. Name Mark Z. Poe

13. Birthplace Leitersburg Md.

MOTHER 14. Maiden name Clara V. Martin-

15. Birthplace Baltimore Md.

16. Informant Mary Helen Poe.

Address Hagerstown. R#5

17. Burry (Burial, cremation, removal. Which?) Date thereof June 4-1939 (month) (day) (year)

Cemetery or crematory Leitersburg Cemetery

Location Leitersburg Md.

16. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. 6/2- 1939 (Date rec'd by registrar) Chas H Boovers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2. 1939, at 5 A M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1939, to June 2 1939, and that I last saw h-e-r alive on June 1st 1939.

Immediate cause of death Carcinoma of Breast - Right

DURATION 2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy General Carcinoma of Abdomen

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas H Boovers M. D. or other

Address Hagerstown Md Date signed 6/2/39

D. Hindman

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

06316

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Hamilton Hotel
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) One Hour

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Robersville Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) ~~IF VETERAN, WARS WAR~~

3. (a) FULL NAME Herbert R. Potter

3. (b) Social Security Number 705-12-1646

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Luba Ann Mary Potter
6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) September 25, 1874

8. AGE:

Years	Months	Days	If less than one day
64	8	14	____ hrs. ____ min.

9. Birthplace Robersville Wash. Co. Md.
(Town, county, and state)
10. Usual occupation Time Keeper W.P.A.
11. Industry or business Mill Point Rd. Project
FATHER 12. Name John a. B. Potter
13. Birthplace Robersville Wash. Co. Md.
MOTHER 14. Maiden name Mary E. Beales
15. Birthplace Robersville Wash. Co. Md.
16. Informant Mrs. Luba A. M. Potter
Address Robersville Md.
17. Burial Date thereof June-11-1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Robersville Cemtary.
Location Robersville Md.
18. Funeral director C. W. J. Bast & Son
Address Boonsboro Md.
19. 6-9- 1939 Edward Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1939, at 8:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death Coronary occlusion — OURATION 6-9-39

Due to

Due to

Other conditions Chr. Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE D. Robert Wells (Med. Ex.) M. D. or other
Address 115 N. Potomac Date signed 6/9/39

RECEIVED
JUL 1 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06317

1. PLACE OF DEATH (932)

County WASHINGTON Registration Dist. No. 302

Village or City CHARLTON No. — St. — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME EDWIN BURGESS RASH If U. S. Veteran, specify WAR —

(a) Residence: No. CARROLL COUNTY - Md. St. — Ward —

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MARY RASH

6. DATE OF BIRTH (month, day, and year) OCT. 24 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. FARMER

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) FULTON COUNTY (State or country) PENN

FATHER

13. NAME THOMAS RASH

14. BIRTHPLACE (city or town) (State or country) ENGLAND

MOTHER

15. MAIDEN NAME MARY A. SHIPWAY

16. BIRTHPLACE (city or town) (State or country) ENGLAND

17. INFORMANT MRS. CHAS. SHIRK (Address) CHARLTON - Md.

18. BURIAL, CREMATION, OR REMOVAL BALTO COUNTY Place PLEASANT GROVE Date JUNE 29, 1939

19. UNDERTAKER C. M. WALTZ (Address) WINDFIELD Md.

20. FILED 6/26/, 1939 Chas. H. Bowers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 26 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—

I last saw him alive on —, 19 39; death is said to have occurred on the date stated above, at 5 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Auricular fibrillation (Fibrillation)	1936
Chr. myocard. dis.	1935

Other Contributory Causes of importance:

Arteriosclerosis

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following: —

Accident, suicide, or homicide? NO Date of Injury —, 19—

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify med. Ex. Work. 6.

(Signed) A. Robert Mills M. D.

(Address) 115 N. Potomac St. Hagerstown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Maryland.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUL 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06318

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH Washington (46-CB)

County Frederick — Registration Dist. No. 302

Village or City Hagerstown — No. Washington Co. Hospital St., 3 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amos L. Remsberg — If U. S. Veteran, specify WAR .....

(a) Residence: No. Middletown, Md. St. ..... Ward. .....
(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ida May Remsberg

6. DATE OF BIRTH (month, day, and year): 1863 Nov 20

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: .....

10. Date deceased last worked at this occupation (month and year): 1934 April — 11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Middletown Md.

FATHER

13. NAME: John Harmon Remsberg

14. BIRTHPLACE (city or town) (State or country): Middletown, Md.

MOTHER

15. MAIDEN NAME: Mary E. Lighter

16. BIRTHPLACE (city or town) (State or country): Middletown, Md.

17. INFORMANT: Charlotte Remsberg
(Address) Middletown, Md.

18. BURIAL, CREMATION, OR REMOVAL: Middletown
Place Reformed Cem. Date 6/4 1939

19. UNDERTAKER: Gladhill Co.
(Address) Middletown, Md.

20. FILED 6-3-1939 — Chas. H. Bowers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 2 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1939, to June 2, 1939.

I last saw him alive on June 2, 1939; death is said to have occurred on the date stated above, at 7:15 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Peritonitis, Acute	5 days
following operation for	
Carcinoma of Stomach	
Dthar Contributory Causes of Importance:	
Carcinoma of Stomach	6 Mos +
Arteriosclerosis, general	

Neme of operetion: Partial Gastrectomy Data of: May 24

What tast confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external ceuses (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was diseasa or injury in any way related to occupation of deceased? No

If so, specify .....

(Signad) Richard J. Hauver M. D.

(Address) Hagerstown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUL 5 1927
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06319

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (169)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co. Home.

Stay in ~~hospital~~ or inst. (yrs., or mos., or days) 1 yr.

Stay in this community (yrs., or mos., or days) 1 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Md. Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Wash Co Home

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Franklin D. Resh.

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: widower.

6 (b) Name of husband or wife: Catherine

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): April 27 - 1858

8. AGE: Years 81 | Months 2 | Days 1. | If less than one day ___ hrs. ___ min.

9. Birthplace: Broadfording Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Retired 10 yrs.

FATHER

12. Name: Benj. Resh.

13. Birthplace: Broadfording Md

MOTHER

14. Maiden name: Nancy P. Hinger.

15. Birthplace: Broadfording Md.

16. Informant: Wesley S. Resh

Address: Hagerstown Md R# 2

17. Bury (Burial, cremation, or removal. Which?) Date thereof June 30-1939 (month) (day) (year)

Cemetery or crematory: Mt Tabor. Cemetery.

Location: Mt Tabor. Hagerstown Md RFD.

18. Funeral director: Andrew K. Coffman

Address: Hagerstown. Md.

19. 6-29 1939 (Date rec'd by registrar) Chas H Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1939, at 5-5-5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 ___, to — 19 ___, and that I last saw him alive on June 28 1939.

Immediate cause of death: Acute dilatation heart — DURATION 6/28/39

Due to: Jumped out of window while temporarily

Due to: of unsound mind

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide Date of June 28 '39

Where did injury occur? Co. Home (City or town) Hagerstown (County) Md (State)

Injured at home, farm, industry, public place (where?) Co. Home

Means of injury: jumped out of window Injured at work? —

23. SIGNATURE: S. Robert Wells med. ex. M. D. or other

Address: Hagerstown, Md Date signed 6/29/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (151)

CERTIFICATE OF DEATH

06320

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington Co. Home
Stay in hospital or inst. (yrs., or mos., or days) Bellview
Stay in this community (yrs., or mos., or days) ABOUT 4 MONTHS 4 DAYS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MARYLAND County WASH.
City or town HANCOCK MD RFD 2 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR NONE.

3. (a) FULL NAME Samuel W. Rhodes

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED.

6 (b) Name of husband or wife ALICE MORGRET RHODES
6(c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) JUNE 12 1858.

8. AGE:

Years	Months	Days	If less than one day
81	0	3	hrs. min.

9. Birthplace Fred Co Va.
(Town, county, and state)
10. Usual occupation MERCHANT.
11. Industry or business GENERAL.
FATHER 12. Name DONT KNOW.
13. Birthplace " "
MOTHER 14. Maiden name " "
15. Birthplace " "
16. Informant MRS NINA. WILSON.
Address HANCOCK MD.
17. BURIAL. Date thereof 6-16 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory RIVERVIEW.
Location EAST END HANCOCK.
18. Funeral director T. P. JENKINS.
Address HANCOCK MD.
19. 6/16 19 CHAS. H. BOWERS
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1939 8:30 P. M.
I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1939 to June 15 1939
and that I last saw h[illegible] alive on June 15 1939.

Immediate cause of death	DURATION
Chronic Nephritis	1 yr
Due to	
Due to	
Other conditions Chronic Myocarditis	

(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. W. Beachley M.D.
M. D. or other
Address Hagerstown, Md. Date signed June 16/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06321

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Rural- Hagerstown R. F. D. Wilson Dist.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 50, years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown, Md. R. F. D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural Wilson District
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: David Benjamin Franklin Sanders

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Sallie Sanders

6(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): 1872

8. AGE: Years	Months	Days	If less than one day
66			hrs. min.

9. Birthplace: Clearspring, Md. (Town, county, and state)

10. Usual occupation: Farm Laborer

11. Industry or business:

FATHER
12. Name: Benjamin Sanders
13. Birthplace: Clearspring, Md,

MOTHER
14. Maiden name: Louise Hatton
15. Birthplace: Clearspring, Md.

16. Informant: Mrs. Sallie Sanders,
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 21, 1939 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19. 6/21/39 (Date rec'd by registrar) Chas. H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 18, 1939, 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 16 1939 to June 18 1939 and that I last saw him alive on June 18, 1939

Immediate cause of death	DURATION
Diabetic Coma	two days
Due to	
Due to	
Other conditions: Diabetes	not known

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Harvey R. Sutter, M. D. or other

Address: Hagerstown Md. Date signed 6/21/39

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

06322

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 5 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town) Ward No.

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs. Carrie Virginia Shanks

3. (b) Social Security Number

4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Chas. Martin Shank

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1871

8. AGE: Years 68 | Months 4 | Days 0 | If less than one day hrs. min.

9. Birthplace Clearspring, Washington Co. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER 12. Name Samuel Shanks

FATHER 13. Birthplace Clearspring, Md.

MOTHER 14. Maiden name Lucy Cair

MOTHER 15. Birthplace Clearspring, Md.

16. Informant Chas. Martin Shank

Address Hagerstown Cross Roads.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 21-1939 (month) (day) (year)

Cemetery or crematory St. Pauls Cemetery.

Location Hagerstown. R#2.

18. Funeral director Andrew K. Coffman

Address Hagerstown Maryland

19. 6-20-39 (Date rec'd by registrar) Chas A Bowers Registrar

Dr. Ditto

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1939, at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-15 1936, to 6-18 1939, and that I last saw her alive on 6-18- 1939

Immediate cause of death	DURATION
Chr. Myocarditis	10 yrs
Due to Bronchectasis	8 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. W. Ditto M. D. or other

Address Hagerstown Md Date signed 6/21/39

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06323

Reg. Dist. No. 302

Dr. Staton

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 135 N. Johnathan St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) one day.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Chestnut Grove Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) ~~IF VETERAN, NAME WAR~~

3. (a) FULL NAME Franklin David Smith

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

B (b) Name of husband or wife Single

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26 - 1936

8. AGE: Years 3 | Months 2 | Days 13 | If less than one day hrs. min.

9. Birthplace near Robersville Washington Co. Md.

(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Melvin M. Smith

13. Birthplace Robersville Washington Co. Md.

MOTHER 14. Maiden name Edna Irene Keaner

15. Birthplace Kingwood W. Va.

16. Informant Melvin M. Smith

Address Keedysville Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June-11-1939 (month) (day) (year)

Cemetery or crematory Samples Manor Cemetery

Location Samples Manor Md.

18. Funeral director Wm. T. Boat & Son

Address Boonsboro Md.

19. June 10 1939 (Date rec'd by registrar) Chas. H. Boteler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1939, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6 1939, to June 9 1939, and that I last saw him alive on June 8 1939.

Immediate cause of death	DURATION
Chickenpox	3 weeks
Cellulitis of left orbital region	5 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. R. Staton M.D.

M. D. or other

Address Keedysville Md Date signed June 10, 1939

RECEIVED
JUL 5 1939
[illegible] V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06324

1. PLACE OF DEATH

County Washington Registration Dist. No. 306

Village or City Pen Mar Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George Omar Smith

(a) Residence: No. ~~Pen Mar Md~~ St., Ward. Ocean City, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Gladys Feidler Smith

6. DATE OF BIRTH (month, day, and year): Sept 8 1888

7. AGE: Years 50 Months 9 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Life Insurance

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Allen Md

FATHER

13. NAME: Charles B Smith

14. BIRTHPLACE (city or town) (State or country): Philadelphia Pa

MOTHER

15. MAIDEN NAME: Mary Ann Insley

16. BIRTHPLACE (city or town) (State or country): Allen Md

17. INFORMANT (Address): Mrs Gladys Smith Pen Mar Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Allen Md Date: 6/25, 1939

19. UNDERTAKER (Address): Walter Y Grove Waynesboro Pa

20. FILED: June 22, 1939 Geo. W. Ferguson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 22 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1938, to June 22, 1939

I last saw him alive on June 22, 1939; death is said to have occurred on the date stated above, at 2:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Haemophilia	
Massive hemorrhages from lungs, stomach, intestines & bladder	June 14, 1939

Other Contributory Causes of Importance:

Pulmonary Tuberculosis	1937
Laryngeal "	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A Burr Swirly M. D.

(Address) Waynesboro Penna.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(over)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JUL 7 1933 U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

For authorization to change place of residence see letter from Mrs. Gladys Smith 8/10/39 – as

06325

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 428 E Franklin St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 62-5-6

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF) Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 428 E Franklin

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary C. Snyder

3. (b) Social Security Number None

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Henry Snyder

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Jan 22-1877

8. AGE: Years 62 Months 5 Days 6 If less than one day ___ hrs. ___ min.

9. Birthplace Hagerstown (Town, county, and state)

10. Usual occupation House wife

11. Industry or business Own Home

FATHER

12. Name Albert Strack

13. Birthplace Mason & Dixon Md.

MOTHER

14. Maiden name Marguerite Bowers

15. Birthplace Hagerstown Md

16. Informant Henry Snyder

Address Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 30-1939 (month) (day) (year)

Cemetery or crematory Rose Hill

Location Hagerstown Md

18. Funeral director Scott F. Minnick & Son

Address Hagerstown Md

19. 6/29/39 (Date rec'd by registrar) Chas H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1939, at 3 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 9, 1939, to June 28, 1939, and that I last saw her alive on June 27 1939.

Immediate cause of death: Chronic myocarditis

Due to

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings:

Of operations No operation

Of autopsy No autopsy

DURATION: Several months

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. A. Bell M. D. or other

Address Hagerstown Md Date signed 6/28/39

Dr Bell

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1899
BUREAU V. S.

Came in Fred

06326

STATE OF MARYLAND—CERTIFICATE OF DEATH

(121)

1. PLACE OF DEATH

County Washington Registration Dist. No. 135

Village or City Hagerstown No. Washington County Hospital St., Ward

(If death occurred in a hospital or institution, give it NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 5 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Elizabeth Catherine Stotelmyer

(a) Residence: No. Wolfsville Md. St., Ward. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5a. ~~If married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Harlan P. Stotelmyer

6. DATE OF BIRTH (month, day, and year) Feb-24-1875

7. AGE Years 64 Months 4 Days If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) June 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wolfsville Maryland

FATHER

13. NAME Jacob G. Smith

14. BIRTHPLACE (city or town) (State or country) Wolfsville Maryland

MOTHER

15. MAIDEN NAME Lydia Marken

16. BIRTHPLACE (city or town) (State or country) Wolfsville Md.

17. INFORMANT (Address) Eva Britler Hagerstown Md.

18. BURIAL, CREMATION, OR REMOVAL Place Lutheran Cemetery Date June-26-1939

19. UNDERTAKER (Address) Emory Frey Smithsburg Md.

20. FILED June 26, 1939 Charles D. Leatherman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 24, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from June 18, 1939, to June 24, 1939 I last saw her alive on June 24, 1939; death is said to have occurred on the date stated above, at 1:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
(acute Cancer (irritis)	
(Inoperative perforation)	June 18
(Tong sensitive)	
(Peritonitis acute)	June 19

Other Contributory Causes of importance:

Name of operation Cancer Lectomy Date of June 19

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury ____, 19____

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? no

If so, specify

(Signed) G. A. Kohler M. D.

(Address) Smithsburg

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 6 1927*
Other contributory causes of importance:	
Gallstones	*May 1,1923*

RECEIVED
JUL 6 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

D-47
D.C. - 5-5121
1939-6-3451

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06327

Reg. Dist. No. 302

1. PLACE OF DEATH
County Washington
City or town Rural Near Leitersburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insf. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 74-3-13

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Rural Near Leitersburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emma Susan Strite

3. (b) Social Security Number None

4. Sex female
5. Color or race white
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Henry L. Strite
6 (c) If alive, give age 77 years
7. Birth date of deceased (mo., day, yr.) March 2 - 1865

8. AGE: Years 74 Months 3 Days 13 If less than one day ___ hrs. ___ min.

9. Birthplace Near Leitersburg Washington Co Md
(Town, county, and state)
10. Usual occupation House wife
11. Industry or business

FATHER
12. Name David Strite
13. Birthplace Near Leitersburg Md

MOTHER
14. Maiden name Elizabeth Horst
15. Birthplace Unknown

16. Informant Chester A Strite
Address Hagerstown Md R D 4

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof June 18 - 1939 (month) (day) (year)
Cemetery or crematory Green Hill
Location Waynesboro Pa

18. Funeral director Scott F. Minnick & Son
Address Hagerstown Md

19. 6-17-1939 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1939, at 7.40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-1-38 19__, to June 15 1939, and that I last saw her alive on 6-15-39 19__.

Immediate cause of death Chr. Myocarditis

DURATION 6 yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. E. W. Ditto M. D. ~~or other~~
Address Hagerstown Md Date signed 6/16/39

Ditto

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

06328

Reg. Dist. No. 301

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Pinesburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of motber)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Edward Sweigert

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Emma Daywalt 66

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 28 1872

8. AGE:

Years	Months	Days	If less than one day
66	8	5	hrs. min.

9. Birthplace Welsh Run Pennsylvania
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER 12. Name Henry Sweigert

FATHER 13. Birthplace Pennsylvania

MOTHER 14. Maiden name Margaret Bender

MOTHER 15. Birthplace Pennsylvania

16. Informant Emma D. Sweigert

Address Pinesburg, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 6, 1939 (month) (day) (year)

Cemetery or crematory Broadfording

Location Broadfording, Md.

18. Funeral director Edith V. Leaf

Address Williamsport Md

19. June 5 1939 (Date rec'd by registrar) Mrs Edna McElroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-3-39 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-1-39 19 , to 6-3-39 19 , and that I last saw h alive on 19

Immediate cause of death	DURATION
Pulmonary Hemorrhage	1 hour
Due to Pulmonary TB	2 Yrs
Due fo	
Other conditions Myocarditis	1 yr

(Include pregnancy within 3 months of death)

Major findings:

Df operations

Df autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due fo external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Earl Hamm M.D.

Address Hagerstown Md M. D. or other

Date signed 6-5-39

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JUL 9 1929
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (207-9)

CERTIFICATE OF DEATH

06329

Reg. Dist. No. 302

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. [Stopped at Ward's Home]
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Oscar Daniel Tracey

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 10 1884

8. AGE: Years	Months	Days	If less than one day
54	9	18	— hrs. — min.

9. Birthplace Smithsburg Md. (Town, county, and state)
10. Usual occupation laborer
11. Industry or business on Farm.
FATHER 12. Name Peter Tracey
FATHER 13. Birthplace Smithsburg Md.
MOTHER 14. Maiden name Lavina Draper
MOTHER 15. Birthplace Smithsburg Md.
18. Informant Daniel Tracey
Address Hagerstown. Md.
17. Bury (Burial, cremation, or removal. Which?) Date thereof June 29-1939 (month) (day) (year)
Cemetery or crematory —
Location Hagerstown, Md.
18. Funeral director Andrew K. Coltman
Address Hagerstown, Md.
19. 6-29-39 (Date rec'd by registrar) Elliott Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1939, at 2:15 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19— to — 19—
and that I last saw him alive on — 19 39.

Immediate cause of death — Crushed head and both thighs — DURATION 6/28/39
Due to —
Due to —
Other conditions — Run over by train
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy — no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of June 28 '39
Where did injury occur? Hagerstown, Washington, Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Md R&Rs
Means of injury Run over by train Injured at work? no

23. SIGNATURE D. Robert Mells ex. med.
M. D. or other
Address Hagerstown Md Date signed 6/29/39

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

06330

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days): 7 days

Stay in this community (yrs., or mos., or days): 4 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or Town: Hagerstown Ward No. 3

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 23 E. Washington St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World

3. (a) FULL NAME: Chauncey Travis

3. (b) Social Security Number: 214-09-7292

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Ilo Travis

6(c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): Aug. 25 - 1888

8. AGE:

Years	Months	Days	If less than one day
50	10	4	hrs. min.

9. Birthplace: Binghamton N.Y. (Town, county, and state)

10. Usual occupation: Upholsterer

11. Industry or business: Fairchild Corp.

FATHER 12. Name: Clarence Travis

FATHER 13. Birthplace: Binghamton, N.Y.

MOTHER 14. Maiden name: Inez Boudjé

MOTHER 15. Birthplace: Binghamton, N.Y.

16. Informant: Mrs Ilo Travis

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 1 - 1939 (month) (day) (year)

Cemetery or crematory: Arlington

Location: Arlington, Va

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown Md

19. 6/30/39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 29, 1939, at 6:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 23 1939, to June 29 1939, and that I last saw him alive on June 29, 1939.

Immediate cause of death	DURATION
Broncho-Pneumonia	1 day
And Myocardial Failure	1 day
Due to Retroperitoneal Abscess	1 wk
following	
Due to Appendicitis, acute & Perforation	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations: Appendicitis acute with Perforation and Abscess

Of autopsy: Retroperitoneal Abscess

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Richard V. Hauver M.D.

M. D. or other

Address: Hagerstown, Md. Date signed: 6/30/39

RECEIVED
JUL 5 1939
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06331

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: 24 Summit Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State ~~Unknown~~ County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Boy Unknown

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden name

15. Birthplace

16. Informant Dectective W. H. Peters

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 4, 1939 (month) (day) (year)

Cemetery or crematory Bellevue Cemetery

Location Wash. County Home- Hagerstown, Md

18. Funeral director Fred W. Kraiss,

Address Hagerstown, Md.

19. 7-4- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH In utero June 29 1939, at 9 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw him ~~alive~~ on 19 .

Immediate cause of death

Still born male

Due to about 8 mo. factus

Due to Probably white

Probably born June 29 '39

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy Yes - Still born

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide no Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. Robert Wells M.D. M. D. or other

Address Hagerstown, Md. Date signed 7/3/39

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94)

06332

CERTIFICATE OF DEATH

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important, Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Beaver Creek - Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: at Home

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Beaver Creek Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural - Beaver Creek
(If rural give LOCATION)

2(a) ~~IF VETERAN, NAME WAR~~

3. (a) FULL NAME Leslie Theodore Wakenight

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Hattie F. Wakenight

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 13. 1875

8. AGE:

Years	Months	Days	If less than one day
63	6	27	hrs. min.

9. Birthplace Burketteville Fred. Co. Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Robert Wakenight
13. Birthplace Fred. Co. Md.

MOTHER
14. Maiden name Barbara Ellen Wiseman
15. Birthplace Fred. Co. Md.

16. Informant Mrs. Hattie F. Wakenight
Address Beaver Creek Md.

17. Burial Date thereof June-12-1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Manor Cemetary

Location Near Silghmanton Md.

18. Funeral director Wm. J. Bast & Son

Address Boonsboro Md.

19. June-12-1939 William J. Bast
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1939, at 1:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24 1939, to June 10 1939, and that I last saw h[illegible] alive on June 6 1939

Immediate cause of death Coronary Thrombosis — DURATION May 29 1939

Due to Arteriosclerosis generalized

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Sidney Rovenstein M. D.

Address Funkstown, Md. Date signed June 10-39

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

06333

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 139 King St.
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 66 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 139 King
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Nellie Neva Ward.

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Charles O.
6(c) If alive, give age 73 years
7. Birth date of deceased (mo., day, yr.): Nov. 12 - 1872.

8. AGE: Years 66 | Months 6 | Days 29 | If less than one day ___ hrs. ___ min.

9. Birthplace: Hagerstown Md. (Town, county, and state)
10. Usual occupation: Housewife.
11. Industry or business
FATHER
12. Name: Samuel R. Worden.
13. Birthplace: England.
MOTHER
14. Maiden name: Eliz. Saylor.
15. Birthplace: Hagerstown. Md
16. Informant: Jos. S. Ward
Address: Hagerstown, Md.
17. Bury. (Burial, cremation, or removal. Which?) Date thereof June 12-1939 (month) (day) (year)
Cemetery or crematory: Rose Hill Cemetery
Location: Hagerstown. Md.
18. Funeral director: Andrew K. Coffman
Address: Hagerstown. Md
19. 6-12-1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1939, at 4 45 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24 1939, to June 9 1939, and that I last saw her alive on June 9 1939.

Immediate cause of death	DURATION
Coronary occlusion	6-4-39
Due to	
Due to	
Other conditions: Influenza	5-24-39

(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: NO

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ___ Date of ___
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ___ Injured at work?

23. SIGNATURE S. Robert Wells M.D. M. D. or other
Address 115 N. Potomac Date signed 6/10/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr S R. Wells.

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92a)

06334

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown - (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash Co Hospital -

Stay in hospital or inst. (yrs., or mos., or days) 21 days -

Stay in this community (yrs., or mos., or days) 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington.

City or town Hagerstown - Ward No. 3 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 21 So. Mulberry St. - (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Jennie Catherine Warren Seltz -

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed -

B (b) Name of husband or wife Chas F. S. Warrenseltz

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jany 5 - 1882

8. AGE: Years 57 Months 5 Days 6 If less than one day ___ hrs. ___ min.

9. Birthplace Wolfesville, Fred Co. Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER

12. Name Hezekiah Harp -

13. Birthplace Myersville Md.

MOTHER

14. Maiden name Mary S. Hessong

15. Birthplace Utica Fred Co. Md.

16. Informant Mrs Salome Sturgis -

Address Washington D. C.

17. Bury - (Burial, cremation, or removal. Which?) Date thereof June 13 1939. (month) (day) (year)

Cemetery or ~~crematory~~ Rose Hill

Location Hagerstown, Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md

19. 6-12- 1939 (Date rec'd by registrar) Chas H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1939, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18 1939, to June 11 1939, and that I last saw her alive on June 10 1939.

Immediate cause of death Heart block

Due to Arteriosclerotic disease

Due to

Other conditions Mitral and aortic insufficiency (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Sclerosis of coronary vessels

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter Layman, M.D. M. D. or other

Address Hagerstown Md Date signed 6/12/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. Layman

RECEIVED
JUL 5 1939
BUREAU V. S.

06335

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days) 6 days

Stay in this community (yrs., or mos., or days) 16

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 2 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 522 W. Howard (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Byron Mentzer Wingert

3. (b) Social Security Number 705-10-5655

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: M. Estelle Wingert

6(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.): Mar 25-1882

8. AGE: Years 57 | Months 3 | Days 2 | If less than one day ___ hrs. ___ min.

9. Birthplace: Fayetteville, Franklin Co. Pa. (Town, county, and state)

10. Usual occupation: Electrical Supervisor

11. Industry or business: W. M. R. R. Co.

FATHER
12. Name: John Wingert
13. Birthplace: Fayetteville, Pa.

MOTHER
14. Maiden name: Alice Mentzer
15. Birthplace: Fayetteville, Pa.

16. Informant: Byron E. Wingert

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 29-1939 (month) (day) (year)

Cemetery or crematory: Rest Haven

Location: Hagerstown, Md.

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Md

19. 6/28/ 1939 (Date rec'd by registrar) Chas. A. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1939, at 6 45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 22 1939 to June 27 1939, and that I last saw him alive on June 26 1939.

Immediate cause of death: Rupture legt Kidney, fracture 4, 5, 6, 7, 8, ribs, legt. 1 fracture pubic ramus, right. ~~Dis~~ Fracture-dislocation sacro-iliac joint, right.

Due to: Fall from telegraph pole June 22, 1939

Other conditions: Paralytic ileus.

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: As above given.

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident. Date of 6/22/39

Where did injury occur? Hagerstown (City or town) Wash. (County) Md. (State)

Injured at home, farm, industry, public place (where?) R.R. yard

Means of injury: Fall from pole Injured at work? yes.

23. SIGNATURE: Peregrine Worrell Sr. M. D. ~~or other~~

Address: Hagerstown, Md. Date signed 6/27/39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06336

CERTIFICATE OF DEATH (131)

Reg. Dist. No. 803

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Big Pool Md R7 P.O. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Big Pool Md R7 P.O. Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Garry Layman Younker

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 31 1936

8. AGE:

Years	Months	Days	If less than one day
3	5	23	hrs. min.

9. Birthplace Washington Co (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name John V Younker

FATHER 13. Birthplace Washington Co.

MOTHER 14. Maiden name Hazel S Hives

MOTHER 15. Birthplace Washington Co

16. Informant John V Younker

Address Big Pool, Md R7 P.O.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 26 1939 (month) (day) (year)

Cemetery or crematory Evangelical Cemetery

Location Park Head Md.

18. Funeral director Snyder-Rowland

Address Clear Spring Md

19. June 25 1939 (Date rec'd by registrar) J. L. Murray Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1939, at 5A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 22 1939 to June 23 1939, and that I last saw him alive on June 22 1939

Immediate cause of death	DURATION
Chronic nephritis, with acute exacerbation.	
Primary Cause, Unknown. C.W.S.P.	
Due to Foci of infection, Unknown.	
Due to Convulsion	
Other conditions 1	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L M Shaffer M.D. M. D. or other

Address Hancock, Md Date signed June 24-39

RECEIVED
JUL 6 1939
BUREAU V. S.